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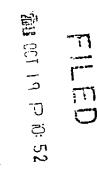
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Americana Dental Ho (Name of Limited Liability C	ding CC.	
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.	
Please return all correspondence concerning this matter to	D:	
Amer Al Share f (Contact Person)		
(Firm/Company)		33 ##
132 Stone hill drive	·	
Maitland Fl - 37 75 (City/State and Zip Code)	v	्र इ. 52
For further information concerning this matter, please cal	l:	
Amer Al Shavee 1 at (467 (Name of Contact Person) (Area Coo	) 617 89 10 de & Daytime Telephone Numb	oer)
Enclosed please find a check made payable to the Florida  2 \$25 Filing Fee	Department of State for: ng Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	4

CR2E079 (2/14)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears	s on the records of the Florida Department
	mericana Dental Holding	•
	ument/registration number assigned to	
<u>L1400</u>	0181366	
	Λ	vill withdraw/resign is: 10 12 2018
4. I, American	AL Sharee H, hero lame of Person Resigning)	eby withdraw/resign as a
<u>Mar</u>	Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liting.	iability company has been notified of my
	1 9	සු ග
Signature of Di	esociating Member or-Resigning Mana	nger ~~
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	